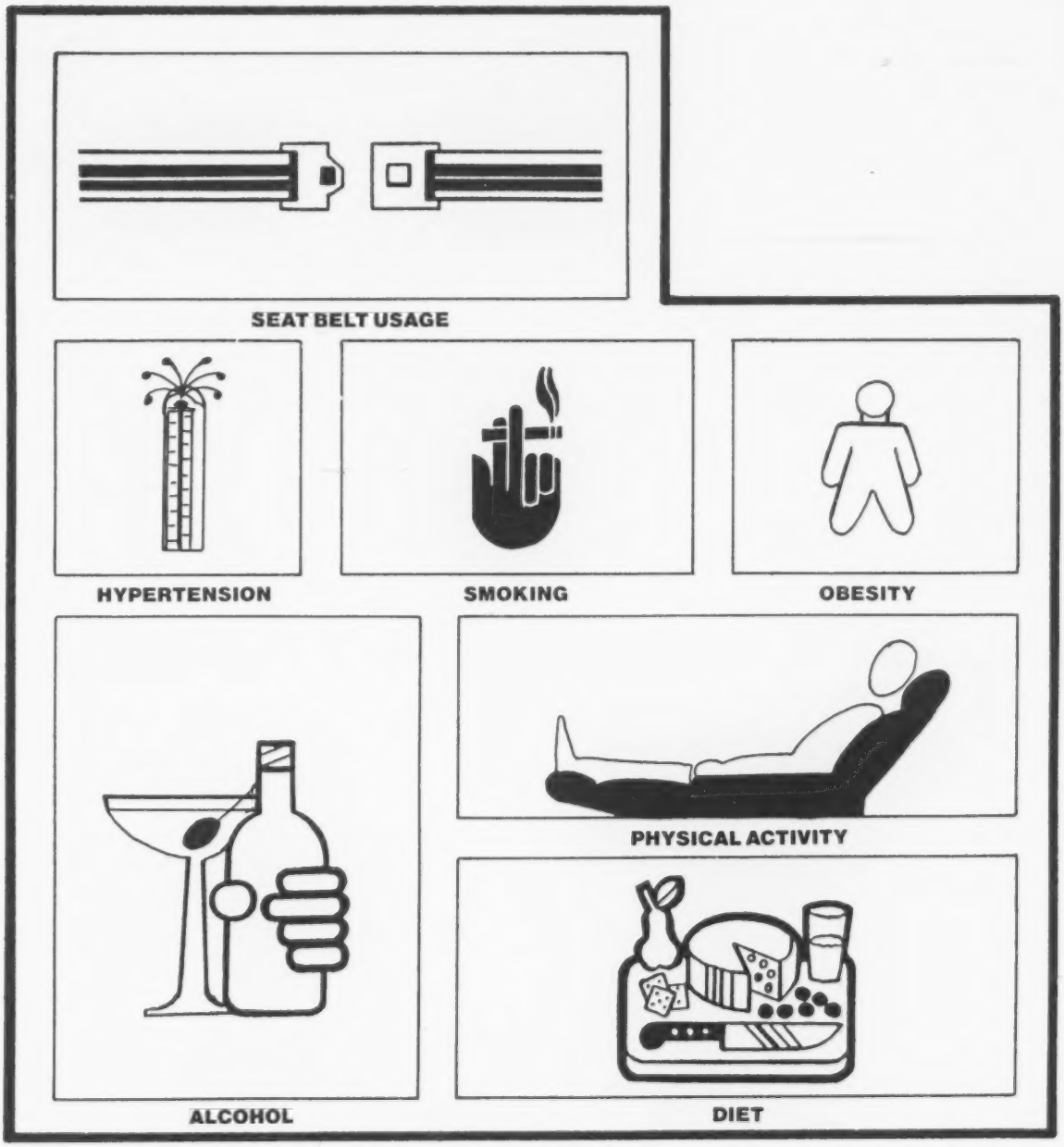
1987 UTAH
BEHAVIORAL RISK FACTOR SURVEY



A REPORT ON THE

BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM

UTAH

1987

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EXECUTIVE SUMMARY

Introduction

This behavioral risk prevalence report was prepared by the Utah Department of Health based on 1,427 random telephone interviews of adult Utahns 18 years of age or older in 1987. The specific behavioral risk factors for which data were collected are:

- o seatbelt use,
- o hypertension,
- o exercise,
- o weight and diet,
- o cigarette smoking,
- o smokeless tobacco, and
- o alcohol use.

The Department received funding from the Centers for Disease Control in support of this data collection effort. The data collected were self-reported, via telephone interviews, which may lead to an under-reporting of selected risks.

The reader is cautioned against comparing data from this report to data from previous reports. Reports discussing risk factor trends for Utah's population will be prepared in the future. These reports will compare the results of the 1984-1989 surveys and provide information for program planning and public health policy.

HIGHLIGHTS

Seat Belt Use

Use of seat belts can reduce motor vehicle death and injury by 55 percent. The vast majority of Utahns and Americans recognize the benefits of seat belts, but 40 percent of adult Utahns did not regularly use seat belts in 1987.

Hypertension

Hypertension continued to afflict thousands in our State. Over fourteen thousand Utahns knew they had high blood pressure and did not bring it under control during 1987.

Exercise

Fifty percent of all adult Utahns exercised regularly in 1987. The activity most often reported as the primary form of exercise was walking.

Weight and Diet

Sixty-three percent of Utah's adult population were at normal body weight for their height in 1987. Young adults had the lowest risk of being overweight. The 45-54 age group had the highest risk, with 35 percent of that group being more than 20 percent over their ideal weight.

Over 367,000 adults were on a diet to lose weight; 51 percent were female. Young females were much more likely to diet than males of corresponding ages.

Cigarette Smoking

Cigarette smoking is a priority health problem for the State even though the 1987 prevalence of 15 percent (163,185 smokers) is significantly below the national rate of 27%. Male smokers continued to outnumber female smokers and were also more likely to be heavier smokers.

Smokeless Tobacco

Smokeless tobacco (chewing tobacco and snuff) is known to cause oral cancer. Three percent of Utahns used chewing tobacco in 1987 with males outnumbering female users 22 to 1.

Alcohol Use

As with smoking, alcohol consumption in Utah was below the national average. Thirty-three percent of Utah's adults drank at least monthly. Males were at least two times more likely than females to drive after drinking, drink heavily (two or more drinks per day), or drink acutely (five or more drinks on one or more occasions).

I. INTRODUCTION

The Utah Behavioral Risk Factor Surveillance System is a federally funded project of the Utah Department of Health, Bureau of Health Promotion and Risk Reduction. This project is designed to collect data on lifestyle risk factors which contribute to the major causes of death, chronic diseases and accidents.

This report describes a monthly telephone survey in which 1,427 randomly selected adult Utah residents were interviewed during 1987. Respondents were asked for information concerning the prevalence of selected lifestyle risk factors. The risk factors addressed by this survey included cigarette smoking, smokeless tobacco usage, alcohol consumption, lack of exercise, seat belt and child car seat use, obesity, and high blood pressure. Implementation of health education programs designed to decrease these risks may reduce premature death and disability of Utah residents.

HEALTH OVERVIEW

In 1900, 580 of every 100,000 U.S. residents died of infectious diseases such as influenza, pneumonia, diphtheria, tuberculosis and gastrointestinal illnesses. By 1910, 270 of every 100,000 Utah residents died of these diseases. Today, 20 of every 100,000 Utah residents die of these causes. Preventive strategies such as improved sanitation, better education, improved nutrition, and immunizations were the major factors which reduced the number of deaths caused by infectious disease.

Chronic diseases except for accidents and respiratory diseases have become the major cause of mortality today (see Table 1). Risk factors which contribute to chronic diseases involve personal health choices and behaviors that are amenable to preventive measures and education. The recent decline in coronary heart disease deaths, both nationally and in Utah, has occurred as a result of improvements in health related behaviors.[1,2] According to the 1979 Surgeon General's report Healthy People, as many as half of all U.S. deaths may be due to unhealthy behavior or lifestyle.[3] The report also stated that by controlling five critical variables - diet, smoking, lack of exercise, alcohol abuse and use of anti-hypertensive medicine - seven of the ten leading causes of death in the U.S. could be substantially reduced.[4] Because lifestyle plays a predominant role in disease prevention, it is important to measure, report, and analyze trends pertaining to disease causing or health enhancing behaviors.

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1 Pell, S. and Fayerweather, W.E. Trends in the incidence of myocardial infarction and in associated mortality and morbidity in a large employed population, 1957-1983. N Engl J Med, 1985; 312:1005-11.

2 Bureau of Vital Records and Health Statistics, Utah Department of Health.

3 Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, U.S. Department of Health, Education and Welfare, Public Health Service, 1979, p. 14.

4 Ibid, p. 9

Table 1

Causes of Death: Utah, 1987

Rank	Cause of Death	Total Number of Deaths	Percentage of Total
1.	Diseases of the Heart	2,947	32.5
2.	Cancer	1,672	18.5
3.	Cerebrovascular Disease	676	7.5
4.	Accidents and Adverse Effects	553	6.1
5.	Chronic Obstructive Pulmonary Disease and Allied Conditions	382	4.2
6.	Influenza and Pneumonia	354	3.9
7.	Psychiatric Disorders (suicide)	237	2.6
8.	Diabetes	204	2.3
9.	Congenital Anomalies	114	1.3
10.	Problems of Early Infancy	95	1.0
11.	Cirrhosis of Liver	74	0.8
12.	All other causes	1,747	19.3
	TOTAL	9,055	100%

PURPOSE AND GOALS OF THE SURVEILLANCE SYSTEM

Health departments traditionally have found it important to record mortality and morbidity trends. However, efforts to monitor those behaviors which cause premature death and illness have not been attempted.

A systematic surveillance of behavioral risk factors is needed to establish health population baselines, formulate health promotion objectives and establish intervention priorities. Ongoing risk prevalence surveys will also help determine the long-term effectiveness of health promotion and risk reduction interventions in the community, hospitals and schools.

To meet this need, the Centers for Disease Control (CDC) provided assistance in the development of a standardized, active surveillance system in 1984. Utah and 31 other states as well as the District of Columbia monitored behavioral risk factors of their residents in 1987.

Specific goals of the Behavioral Risk Factor Surveillance System as identified by CDC are to:

(1) Develop, implement, and manage a monthly surveillance system designed to determine and monitor the prevalence of behavioral risk factors.

(2) Promote and implement a national coordinated system which utilizes a standardized methodology, uniform data items and tabular displays.

(3) Generate routine information rapidly and promote a collaborative effort in interpreting and disseminating information.

(4) Evaluate the effectiveness of the surveillance system as an indicator of major behavioral risk factors and assess its capability to provide useful data for state program planning and evaluation.

II. METHODOLOGY

Participating Agencies

This survey was a combined effort of the Utah Department of Health and the CDC. The Department supervised the survey and provided the telephones, office space, interviewers and supplies. CDC provided financial assistance, developed the questionnaire, designed the methodology, provided training and consultation, and processed the data.

Method of Surveillance

A telephone survey was considered more appropriate for this study than other survey methods because of its low cost, ease of administration, ease of reaching respondents, and reliability. Telephone surveys are inappropriate in areas where a significant portion of the population does not have telephone service. According to the Federal Communications Commission, approximately 95% of the households in Utah have telephones. This is considered adequate by CDC for telephone surveys.

Instrument Development

The survey questionnaire (see Appendix A) was developed by the CDC, drawing mainly from their list of common data items used by risk factor researchers. Standard demographic questions are included along with sections on seat belt usage, hypertension, exercise, diet and weight control, cigarette smoking, smokeless tobacco use, and alcohol consumption. The introduction, wording of the questions and transitional phrasing between questions resulted from extensive field testing by CDC. All agencies participating with CDC in this project were given the option of adding supplementary questions at the end of the survey. Additional items in the Utah survey included questions regarding cancer screening, perceived health status, and infant/child safety restraint use.

Sample Size and Accuracy of Estimates

The estimates reported in this study for risk factor prevalence for the total adult population of Utah are accurate to within 1 to 3.4 percent at the 95% confidence interval. According to sampling theory, the sample size necessary to achieve this level of accuracy is approximately 400, providing that the population characteristic surveyed is prevalent and that simple random sampling is used.

It should be noted that the level of accuracy described above applies only to the estimates of prevalence for the general adult Utah population which is represented by the total sample of 1,427. Estimates of prevalence by gender, age, income, marital status or education do not reflect this level of accuracy and should be interpreted more conservatively. Such estimates are presented in this report because they may suggest trends and help identify possible high-risk subpopulations.

It is important to remember this survey is based on self-reported data. Consequently, people may tend to report a more favorable lifestyle than they actually practiced. The accuracy of self-reported data also may vary according to risk factors, i.e., self-reported smoking status is thought to be more accurate than self-reported seat belt use. These limitations may not negate the survey's ability to identify high-risk groups and monitor long-term trends. Extensive field testing and recent advances in collecting, processing and analyzing self-reported information have improved the quality of these data.

Eligible Respondent Selection

Eligible respondents for the survey were defined as individuals 18 years of age or older who resided a majority of the time at the household contacted. In households with more than one eligible respondent, a random selection was made to determine the actual respondent. If the number dialed was a business phone or non-working number, or for some other reason the selected respondent was not able to respond to the survey, another randomly selected number was used. Busy signals and unanswered calls were redialed a minimum of four times on different days at different times before being replaced.

Data Collection Process

All 1,427 interviews were completed between January 1987 and December 1987 using the computer assisted telephone interview (CATI) system. The sample selection process was conducted prior to the survey.

Four surveyors were hired to conduct the interviews in the Bureau of Health Promotion and Risk Reduction offices. Supervisors edited all surveys.

Completion Rates

The goal for 1987 was 1,440 completed interviews; 1,427 were actually completed. However, in order to complete these interviews, 4,138 telephone numbers were screened resulting in 2,632 possibilities for an interview.[5] The completion rates based on these 2,632 possibilities are shown in Table 2.

For random digit dialing surveys, a refusal rate of less than 10% and a completion rate of 75% based on all possibilities of an interview are desirable. The refusal rate of 16%[6] for this survey was high. The completion rate of 54.4% was below the 75% goal which was due, in part, to Utah's rural population which results in many non-working numbers.

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5 The 1,495 phone numbers not included in the interview pool were primarily business and non-working numbers.

6 $$\frac{\text{273 refusals}}{\text{1,427 completed + 273 refusals}} = 16\%$$

Table 2

Completion Rates Based on all Possibilities of an Interview: Utah, 1987

Disposition	Number	Percent
1. Completed interview	1,427	54
2. Refusal	273	10
3. No answer	538	20
4. Selected respondent unavailable during survey period	343	13
5. Language barrier	19	1
6. Selected respondent unable to respond because of impairment	32	1
Total	2,632	100

Data Processing

The CATI system data were entered directly onto a diskette. The diskette was then forwarded to CDC. Tables showing frequencies and percentages for all questions by demographic categories were returned to the Bureau of Health Promotion and Risk Reduction.

Weighting

Collecting data via a telephone survey often produces an over- representation of certain groups in the sample population. The sample population, therefore, may not be a true representation of the actual population. In order to correct this inherent problem, a weighting procedure was applied to the data to take into account the age, race and gender distribution of adults in Utah (according to the 1980 census figures). In addition, the respondents' probability of selection (determined by the number of telephone numbers and the number of adults in each household) is also weighted. As a result of these weighting factors, the data presented are generally representative of Utah's adult population by age, race and gender.

Sample Description

Demographic variables including age, gender and ethnic identity were collected. The results are summarized in Table 3 and contrasted to 1980 census data. Subsequent data in this report which depict the survey respondents' demographics have been weighted to represent the 1980 population.

Tables 4, 5 and 6 summarize the education level, marital status and household income of the respondents to the 1987 risk factor survey. Since these data are weighted, percentages will reflect the 1980 census and not the absolute sample size.

For a comparison of each risk factor categorized by the demographic variables, the reader is referred to Appendix B. The data in Appendix B are for the respondents only and do not necessarily represent the actual adult population of Utah.

Table 3

Demographics Summary
Behavioral Risk Factor Survey: Utah, 1987

	Respondents		1980 Census - Utah	
	N	%*	N	%*
Age				
18-24	190	13	216,304	23
25-34	410	29	240,775	26
35-44	288	20	142,806	16
45-54	146	10	112,866	12
55-64	164	12	98,961	11
65 plus	229	16	109,220	12
Total	1,427	100	920,932	100
Gender				
Male	611	43	448,652	49
Female	816	57	472,280	51
Total	1,427	100	920,932	100
Race				
White	1,358	95	855,212	92
Black	8	1	4,427	1
Hispanic	44	3	43,072	5
Other/Refused	17	1	18,221	.2
Total	1,427	100	920,932	100

*Percentages may not total 100 due to rounding error

Table 4

Education Level of Behavioral Risk Factor Survey Respondents: Utah, 1987

	Number	Percent*
Education Level		
Less than 9th Grade	30	2
Some High School	100	7
High School Graduate	473	34
Any Technical School	68	3.7
Some College	436	31
College Graduate	212	15
Post Graduate	103	7
Unknown	5	.3
	1,427	100

Table 5

Marital Status of Behavioral Risk Factor Survey Respondents: Utah, 1987

	Number	Percent*
Marital Status		
Married	977	70
Divorced	138	6
Widowed	110	4
Separated	17	1
Never Married	176	18
Unmarried Couple (member of)	8	1
Unknown/Refused	1	0
	1,427	100

*Percentages may not total 100 due to rounding error

Table 6

Household Income of Behavioral Risk Factor Survey Respondents: Utah, 1987

	Number	Percent*
Income		
Less than $10,000	186	13
$10,000-$14,999	192	13
$15,000-$19,000	170	12
$20,000-$24,999	179	13
$25,000-$34,999	275	19
$35,000-$49,999	190	13
$50,000+	121	8
Refused	114	8
	1,427	100

*Percentages may not total 100 due to rounding error

III. SURVEY RESULTS

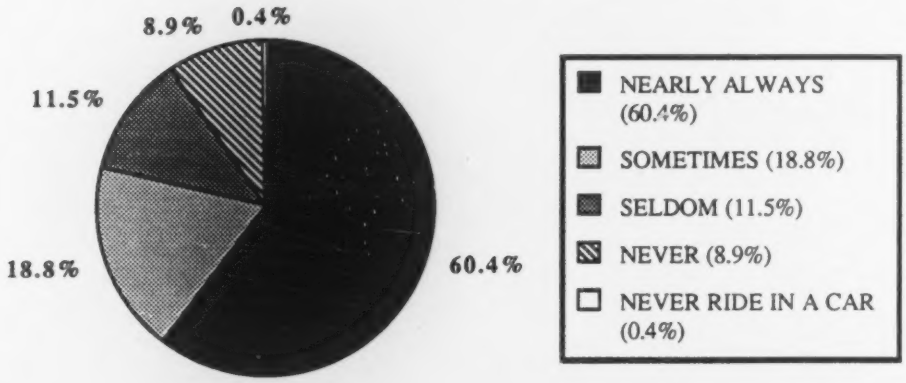
SEAT BELT USE

Motor vehicle accidents were the sixth leading cause of death in Utah in 1987, accounting for 302 deaths, or 3% of all deaths that year. National statistics indicate that approximately half of these lives could have been saved if the people involved in the accidents had been wearing seat belts.

Despite the potential for reduction in death and injury, many adult Utahns failed to use seat belts "always" or "nearly always." Self-reported seat belt use in Utah is presented in Figure 1.

Figure 1

Frequency of Seatbelt Use: Utah, 1987

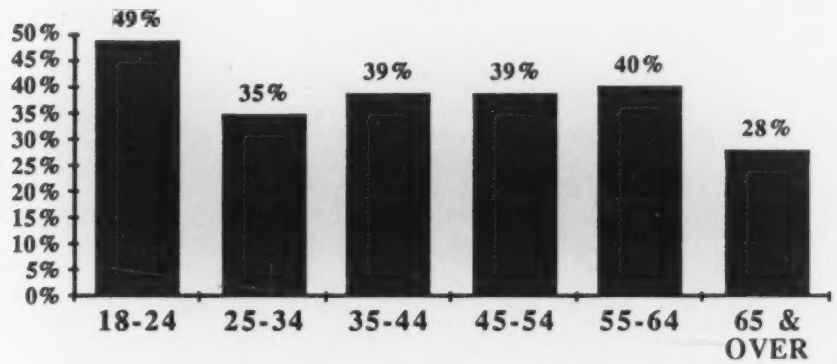


Only 60% of adult Utahns reported "always" or "nearly always" using seat belts. The CDC has operationally defined the "at risk" population for lack of seat belt use as those who reported they "sometimes", "seldom" or "never used" seat belts. A total of 39% of adult Utahns were in this "at risk" category.

In Utah there appeared to be gender difference in seat belt use in 1987. A total of 44% of Utah males were at risk compared to 35% of Utah females. Seatbelt use in Utah also appeared to be related to age. Young adults (18-24 years) reported the highest percentage of risk while older adults (65+ years) reported the lowest risk (see Figure 2).

Figure 2

Percent of Persons at Risk For Not Using Seatbelts by Age: Utah, 1987



NOTE: Those "at risk" reported using seat belts "sometimes," "seldom," or "never."

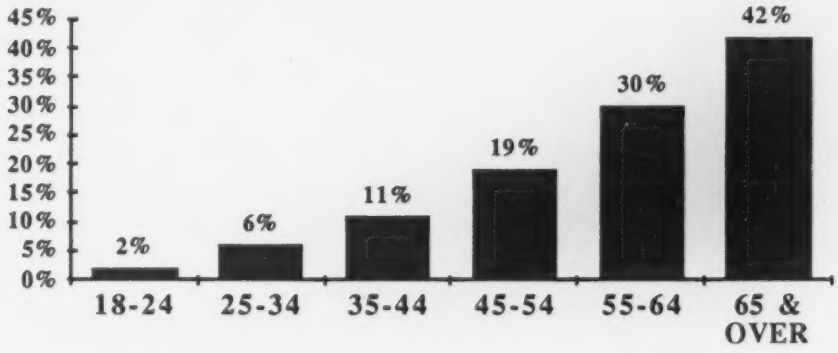
Seatbelt use also appeared to be correlated with education. The data showed that more years of schooling correlated positively with lower risk. Only 30% of those with a post graduate education were at risk compared with 50% who were not high school graduates.

HYPERTENSION

Cardiovascular disease was the leading cause of death among Utahns in 1987. Hypertension is a primary risk factor for both heart disease and stroke. Several survey questions sought to determine the prevalence of hypertension. The National Heart, Lung and Blood Institute has defined "current hypertensives" as those "individuals who have been told on more than one occasion that their blood pressure was high or are taking hypertension medication or report their blood pressure is still high." This definition seeks to include all known diagnosed hypertensives in the population. Based on these criteria 14% of Utah's adult population were identified as current hypertensives. It appears females were more likely to be hypertensive than males (17 vs. 11 percent). Slightly higher rates of hypertension were observed in the lower income groups. As expected, hypertension appeared to correlate positively with age (see Figure 3). The data indicated that 1.5 percent of Utah's adult population (14,000 persons or 11% of current hypertensives) had diagnosed, uncontrolled hypertension.

Figure 3

Prevalence of Current Hypertensives by Age: Utah, 1987



EXERCISE

Survey respondents were asked eleven questions regarding personal exercise patterns. Respondents identified the type of exercise they spent the most time doing, frequency of those activities, duration of exercise sessions, and mileage, when appropriate. In 1985, a CDC panel of experts analyzed the reported exercise intensity levels of previous survey respondents and developed the following four activity levels:

1) Those who met the 1990 Health Objectives for the Nation by exercising at 60% of functional capacity for 20 minutes or more, three or four times a week.

2) People who had regular activity 20 or more minutes three or four times a week but who exercised at less than 60% of functional capacity.

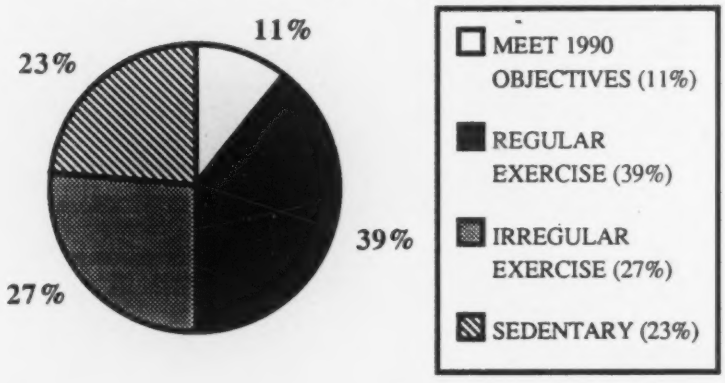
3) Irregular exercisers who performed a physical activity less than 20 minutes or less than three times a week.

4) Those who reported no physical activity (sedentary).

"Not at risk" individuals were those in groups one and two. "At risk" individuals were operationally defined as those in groups three and four. Survey results, by activity level, are summarized in Figure 4.

Figure 4

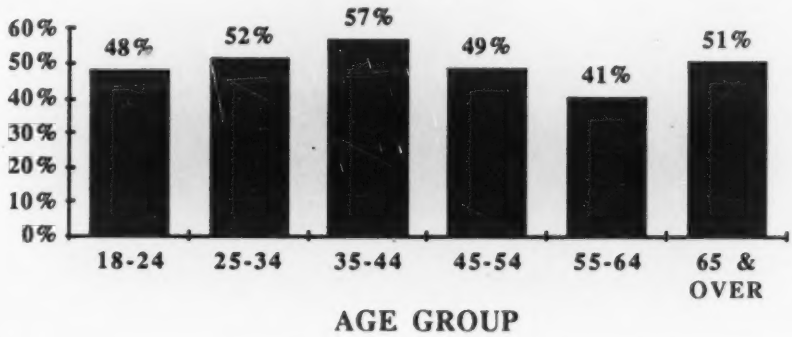
Physical Activity Level: Utah, 1987



Physical activity did not appear to be correlated with age. The 35-44 year old age group had the highest percentage of those at risk (57%), while the 55-64 year olds had the lowest (41%). Physical activity was also related to education. Of those who reported graduating from college or had received post graduate education, only 41% and 43% respectively were at risk while 70% of those with less than a high school education were at risk. There appears to be no difference between the percentage of males and females who were "at risk" for sedentary lifestyle, 51 vs. 49 percent.

Figure 5

Percent of Persons at Risk For Sedentary Lifestyle by Age: Utah, 1987



Respondents reported participating in 32 different physical activities. The ten most frequent physical activities are presented in Table 7. Walking was the most commonly reported activity.

Table 7

Activities Respondents Spent the Most Time Doing During the Past Month: Utah, 1987

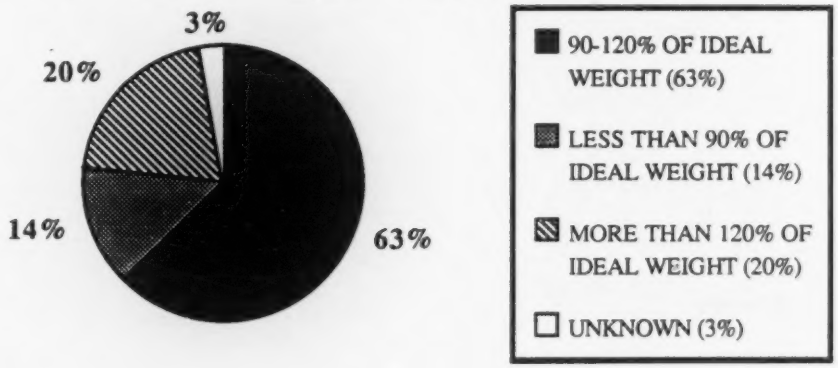
	Activity	Percent
1.	Walking	36
2.	Aerobics Class	9
3.	Running/Jogging	8
4.	Bicycling for pleasure	6
5.	Yard Work	6
6.	Golf	5
7.	Basketball	4
8.	Swimming Laps	3
9.	Weight lifting	2
10.	Calisthenics	2
11.	All Others	19

WEIGHT AND DIET

CDC has operationally defined obesity as being 20% or more above "ideal weight" according to the 1959 Metropolitan Life Insurance height-weight tables. All respondents were compared to recommended weight for a medium frame individual of their reported height. Based on these calculations, 20% of Utah's adult population was obese and 15% weighed less than 90% of their recommended weight (see Figure 6). The remainder of the population was in the normal range.

Figure 6

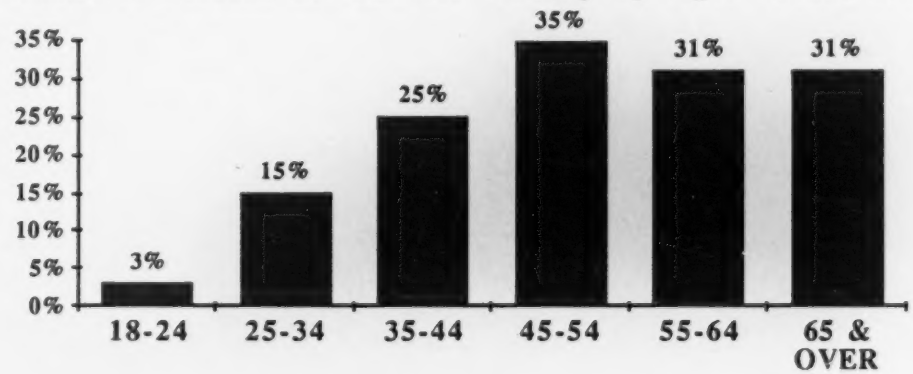
Distribution of Weight Categories: Utah, 1987



The percentage of obese Utahns varied greatly according to age. Obesity was quite rare (3%) in the 18-24 year old group. It appeared to increase with age, reaching its peak for those over 45 years of age. Figure 7 summarizes the sample distribution of obesity by age.

Figure 7

Percent of Persons at Risk for Obesity by Age: Utah, 1987

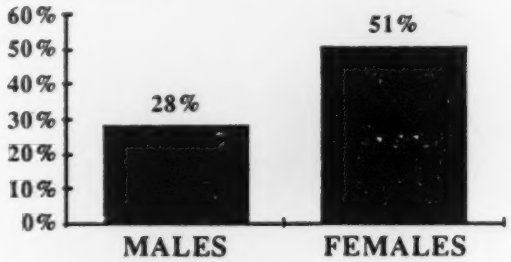


Obesity was evenly distributed by gender (males 20%, females 19%). No definite pattern was observed according to income. Obesity was highly associated with marital status (which correlates with age). Respondents who had never been married had a low incidence of obesity (6%) compared to married individuals (24%).

Respondents were asked if they were currently trying to lose weight. Answers varied greatly according to age and gender. Of Utah's total adult population, 40% were trying to lose weight with a significantly higher percentage of females (51%) than males (28%) reporting trying to lose weight . This difference was particularly pronounced in the younger age groups (18-44 years). Figure 8 shows the distribution, by gender of those trying to lose weight. Of these, 76% reported they were consuming fewer calories and 63% reported increasing physical activity level. Three quarters reported consuming fewer calories while 66% of females compared to 57% of males increased physical activity to lose weight .

Figure 8

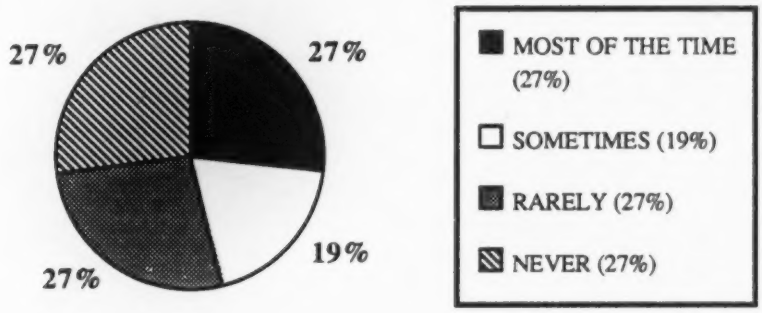
Percent of Persons Currently Trying to Lose Weight by Gender: Utah, 1987



Participants in the survey were also asked how frequently they added salt to their food. Figure 9 illustrates patterns of reported salt usage. Males reported adding salt to their food "most of the time" more frequently than females (33% vs 21%).

Figure 9

How Often Respondents Added Salt to Their Food: Utah, 1987



Salt consumption appeared to be related to age. The reported use of salt was fairly constant until age 65 and over. Twenty-nine percent of the 25-34 year olds used salt "most of the time" compared to 19% of those 65 years of age and older.

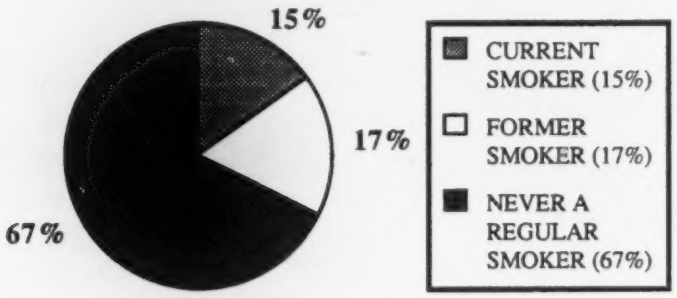
CIGARETTE SMOKING

Smoking status (non-smoker, ex-smoker, or current smoker) was determined by the individual's response to the questions, "Have you smoked at least 100 cigarettes in your life?" and, if so, "Do you still smoke?" The results from these questions are presented in Figure 10. It is interesting to note that a higher percentage of respondents have quit smoking than currently smoke.

Utah's smoking rates were significantly lower than national rates. Only 15% of Utah adults smoked versus 29%[7] for the nation. Although smoking in Utah was less prevalent than nationally, it is still considered a priority health problem for the State since it continues to be a major risk factor for the three leading causes of death in Utah.

Figure 10

Smoking Status of Utahns: Utah, 1987

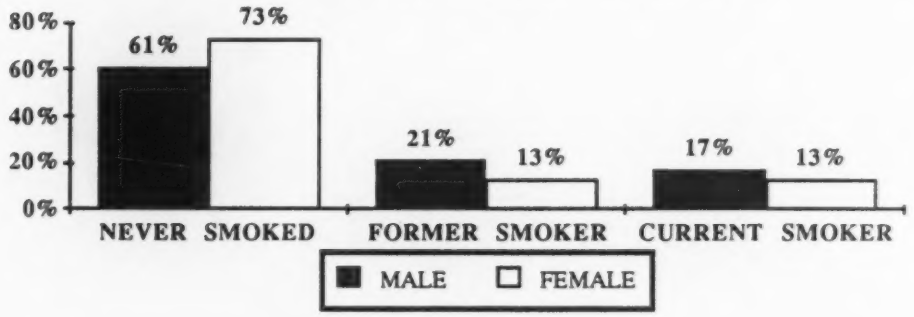


7 Tobacco Use by Adults in the United States, 1987. Morbidity and Mortality Weekly Report, Vol. 38, No. 40, October 1989.

One-third (33%) of Utah's adult population had "ever smoked" in 1987. Figure 11 compares the male and female rates of current and ex-smokers. Survey data also indicated the gap between male and female smoking prevalence was smaller in young adults than those over 35 years of age. This is consistent with national data.

Figure 11

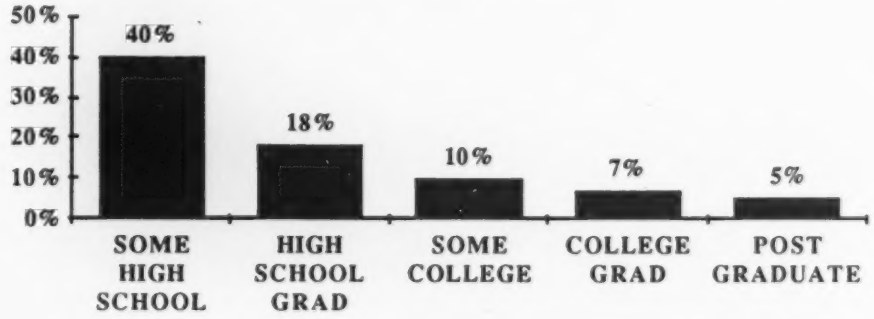
Smoking Status by Gender: Utah, 1987



An apparent pattern existed between educational level and the likelihood of cigarette smoking. Figure 12 illustrates that increased years of schooling was associated with lower prevalence of smoking.

Figure 12

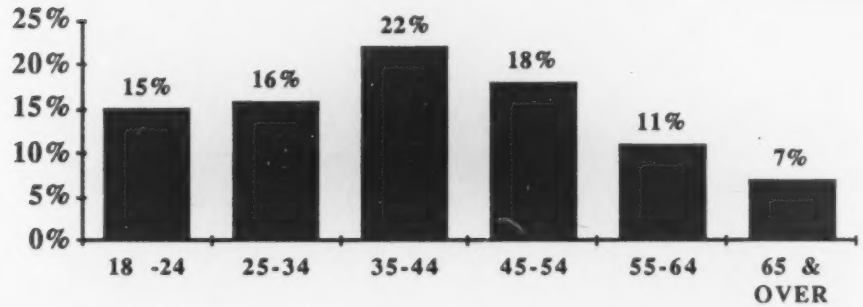
Percent of Current Smokers by Education: Utah, 1987



Age appeared to be a factor in determining smoking prevalence. The 35-44 age group had the highest percentage of smokers but prevalence dropped steadily in subsequent age categories. Figure 13 indicates the percentage of current smokers in various age groups.

Figure 13

Percent of Current Smokers by Age: Utah, 1987



Males who have smoked were more likely to have quit smoking than females (54% versus 50%). The data also indicated males and females smoked approximately the same number of cigarettes per day.

Overall, 77% of current smokers in Utah reported smoking less than one pack per day. Another 19% smoked one to two packs a day while one percent indicated they smoked more than two packs per day.

Forty-five percent of current smokers reported quitting smoking for a week or more during the past year (38% of female smokers and 51% of male smokers). Interestingly, these cessation attempts were more likely to occur in the 18-24 and 65 and over age groups.

SMOKELESS TOBACCO

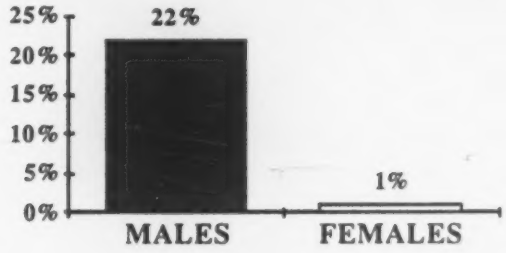
Beginning in 1986, the Centers for Disease Control (CDC) included questions in the survey about smokeless tobacco products. Research has shown that although smokeless tobacco causes various types of oral cancer and is used by thousands of Americans. Concern about the hazardous nature of these products prompted CDC to determine the prevalence of smokeless tobacco usage.

There are two basic types of smokeless tobacco. Snuff is finely ground tobacco that is taken as a "pinch" between the cheek and gum. Loose leaf or chewing tobacco is the uncut leaf of the tobacco plant that is moistened (usually with flavorings) and is placed in a large wad or "chaw" on a side of the mouth.

In 1987, 22% of Utah's males reported having tried or used smokeless tobacco. In contrast, only 1% of women reported ever having tried or used smokeless tobacco. As illustrated in Figure 14, smokeless tobacco use was predominantly a risk factor for males in 1987. Consequently this portion of the report will focus on male smokeless tobacco use.

Figure 14

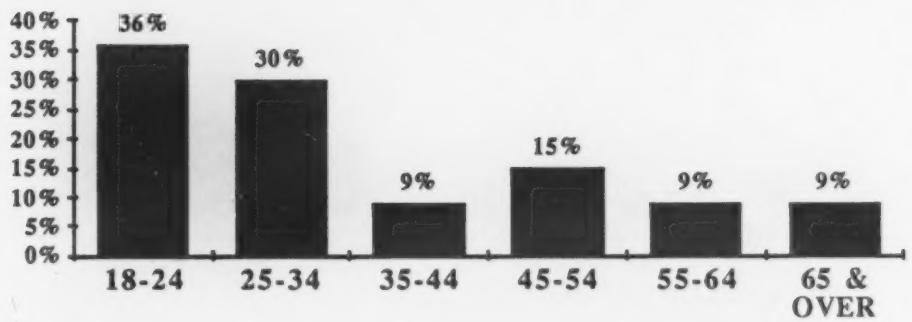
Percent of Persons Who Have Ever Tried or Used Smokeless Tobacco by Gender: Utah, 1987



Illustrated in Figure 15 is the age distribution of males who have ever tried or used smokeless tobacco among the total sample. One-third of males between 18-34 years of age had ever used smokeless tobacco compared with about 12 percent of males 35 years and over.

Figure 15

Percent of Males Who Have Ever Tried or Used Smokeless Tobacco by Age: Utah, 1987



In 1987, five percent of Utah's males and less than one percent of Utah's females were currently using smokeless tobacco products.

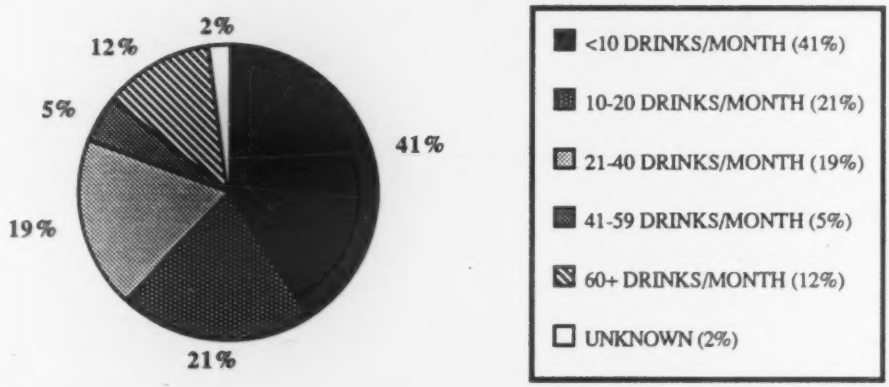
ALCOHOL USE

Excessive alcohol consumption is linked with six of Utah's seven priority health problems[8] as well as a variety of other negative social conditions. Alcohol abuse is the primary risk factor associated with motor vehicle and non-motor vehicle accidents and subsequent injury, disability and death.

The vast majority of adult Utahns (67%) abstained from alcohol use in 1987. Of those who did consume alcoholic beverages, the majority reported light drinking (1-20 drinks in the last month).

Figure 16

Monthly Alcohol Consumption: Utah, 1987



At risk patterns of alcohol use include chronic drinking (an average of two or more drinks per day during the past month), acute episodic drinking (five or more drinks on one or more occasions during the past month), and driving an automobile after drinking. It should be noted that it is possible for a respondent to be classified as both a chronic drinker and an acute drinker simultaneously. In Utah, 4% of the total adult population were at risk for chronic drinking, 11% for acute drinking, and 2% for drinking and driving. The difference between males and females is illustrated by Figures 17, 18 and 19. In each case, males outnumbered females nearly three to one.

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8 A Statement of Health Policy - A Prescription to Improve the Health Status of Utahns, Utah Department of Health, 1984, p. 33-34.

Figure 17

Percent of Persons Reporting Chronic Drinking by Gender: Utah, 1987

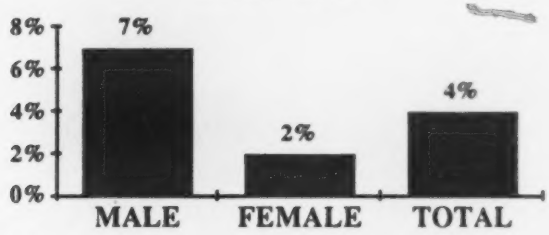


Figure 18

Percent of Persons Reporting Acute Drinking by Gender: Utah, 1987

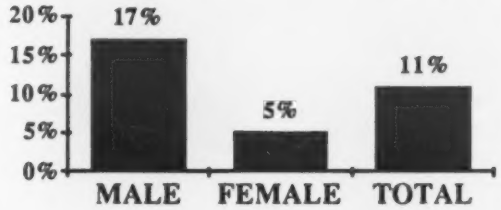
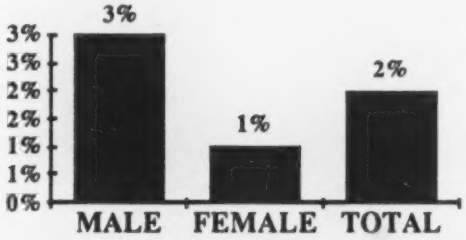


Figure 19

Percent of Persons Reporting Driving After Drinking Too Much Alcohol by Gender: Utah, 1987



Much of the recent concern surrounding the use of alcohol by adult Utahns is related to drinking and driving. Six percent of respondents who reported any use of alcoholic beverages during the past month also indicated driving after drinking.

PERCEIVED HEALTH STATUS

Survey participants were asked if their health was "excellent", "good", "fair" or "poor" compared to other persons their age. Most people in all age groups felt their health status was "excellent" or "good".

Table 8

Respondents Reporting Their Health Status as Being "Fair" or "Poor" by Age: Utah, 1987

Age	Percent of Age Group
18-24	15
25-34	12
35-44	14
45-54	17
55-64	14
65+	25
Not stated	3
TOTAL	100

SUMMARY OF RESULTS

Results from the 1987 Utah Behavioral Risk Prevalence Survey revealed that a large portion of Utahns failed to protect and enhance their health by adopting healthy lifestyles. Table 9 summarizes the number of adult Utahns estimated to be at risk for selected risk factors based on the 1987 estimated Utah population.

Table 9

Number of Adult Utahns at Risk by Specific Risk Factor: Utah, 1987

1. Sedentary Lifestyle	460,000
2. Lack of Seatbelt Use	368,000
3. Obesity	184,000
4. Smoking	138,000
5. Hypertension	129,000
6. Acute Drinking	101,000
7. Chronic Drinking	40,000
8. Drinking & Driving	19,000
9. Uncontrolled Hypertension	14,000

In absolute terms, Utah's behavioral risk factor profile is cause for concern. Of Utah's 1.7 million residents, one-half to 1.4 million may have behavioral lifestyles which increase the probability of their premature mortality. However, a comparison of Utah's risk factor prevalence to the rest of the nation is generally favorable. Table 10 compares Utah's risk factor data with the data collected by the other 24 states and the District of Columbia participating in the Behaviroal Risk Factor Surveillance system in 1987.

Table 10

Behavioral Risk Factor Estimates for Selected States and the District of Columbia: Utah, 1987

State	Obesity	Sedentary Lifestyle	Current Smoker	Smokeless Tobacco	Binge Drinking	Chronic Drinking	Drinking & Driving	Seatbelt Non-use	Hyper-tension
Alabama	25.22	58.99	27.18	6.16	12.52	5.58	2.64	55.80	24.93
Arizona	20.28	57.41	26.16	3.01	17.64	7.98	3.50	43.85	20.77
California	21.42	53.18	21.29	0.87	17.83	8.92	3.87	19.10	20.66
Dist. of Columbia	24.90	63.53	24.18	0.80	9.03	4.72	1.75	14.22	21.22
Florida	23.30	59.05	27.97	2.65	15.28	7.04	3.30	17.97	20.39
Georgia	23.75	64.23	25.00	4.23	10.59	4.41	2.22	53.00	24.39
Hawaii	18.14	51.05	22.49	0.62	23.28	9.19	3.48	7.02	21.54
Idaho	23.98	55.11	20.48	5.14	15.29	4.95	2.35	42.11	21.16
Illinois	26.27	57.37	25.81	1.94	14.08	6.52	3.88	37.76	22.16
Indiana	28.84	59.79	28.66	3.60	13.21	3.76	2.36	42.25	23.36
Kentucky	26.40	69.64	32.28	4.62	8.13	4.22	1.26	60.19	24.34
Maine	26.95	58.85	27.66	2.69	13.57	7.44	1.70	55.33	21.91
Maryland	23.32	60.22	24.76	0.26	14.08	8.38	2.83	21.77	23.36
Massachusetts	22.99	56.20	26.43	0.47	20.59	8.82	4.22	45.47	23.72
Minnesota	25.35	56.61	24.34	3.43	22.17	6.68	6.19	36.45	22.29
Missouri	26.40	62.17	29.16	2.91	17.87	6.10	4.17	37.69	23.58
Montana	19.08	47.20	22.28	6.52	22.65	4.52	6.35	49.69	14.31
Nebraska	25.84	59.89	23.97	4.19	19.40	5.08	6.58	49.56	22.12
New Hampshire	20.27	56.68	26.65	0.87	20.22	10.28	4.89	52.49	21.51
New Mexico	18.57	57.01	20.88	2.98	6.57	3.90	1.95	17.81	15.08
New York	23.14	73.50	23.24	0.63	13.24	5.22	2.23	21.70	17.23
North Carolina	23.82	61.26	26.14	5.77	11.48	4.40	1.71	13.87	20.57
North Dakota	26.67	61.31	23.72	5.04	22.55	4.26	5.64	69.13	22.40
Ohio	28.87	67.12	26.79	3.09	16.97	6.29	3.59	27.05	22.44
Rhode Island	20.35	68.68	24.27	0.53	7.66	6.88	1.70	52.59	17.92
South Carolina	25.24	60.48	25.27	6.07	11.91	5.59	3.53	52.43	23.85
South Dakota	26.84	58.07	25.22	4.56	20.62	4.22	5.69	72.22	21.36
Tennessee	25.64	66.51	27.74	5.87	10.21	4.13	2.58	33.83	23.87
Texas	25.57	55.97	23.02	5.60	21.90	6.90	6.07	16.47	22.58
Utah	**19.71**	**49.94**	**15.04**	**2.41**	**11.01**	**4.30**	**2.14**	**39.17**	**18.24**
Washington	25.09	47.38	23.70	3.69	17.34	6.07	2.79	16.99	23.34
West Virginia	27.56	64.17	28.82	8.25	13.15	3.72	2.19	59.25	25.24
Wisconsin	28.46	53.95	26.01	2.66	29.43	9.74	8.25	54.00	22.17

By combining behavioral risk factor prevalence rates with the known relative mortality risks associated with specific behaviors, we can compare the relative effect of negative health behaviors. The Centers for Disease Control have developed a statistical program that estimates the effect of health behavior on mortality. An analysis of smoking in Utah illustrates the potential use of risk prevalence surveys combined with other data. Table 11 summarizes the increased likelihood of smokers dying from specific diseases (relative risk column). The attributable deaths column shows how many disease-specific deaths in Utah were attributable to smoking in a four-year period.

Table 11

Preventable Mortality Related to Smoking: Utah, 1984-1987

Cause of Death	Relative Risk	Number of Deaths	% of Population at Attributable Risk	Attributable Deaths
Heart Disease	1.7	12,074	11	1,351
Lung Cancer	10.8	1,122	64	716
Emphysema	6.1	253	48	121
Stroke	1.3	2,657	5	136
Other Cancers	1.3	5,163	5	265
Pneumonia	1.4	1,264	7	85
Total		22,533		2,674

Source: William Thar, M.D., Centers for Disease Control

One of the 1990 Objectives for the Nation is to reduce the number of adult cigarette smokers by 25%. If, in Utah, the adult smoking prevalence was reduced by 25% (15% in 1987 to 11%) the resulting would also be reduced. Table 12 summarizes the estimated mortality reductions that would result from a 25% decrease in the number of adults who smoke.

Table 12

Lives Saved During a Five-Year Period by Reducing Smoking 25 Percent: Utah, 1990-1995

Cause of Death	Lives Saved
Heart Disease	450
Lung Cancer	239
Emphysema	40
Stroke	45
Other Cancers	88
Pneumonia	28
Total	890

Similar analyses can be done for alcohol consumption, seat belt use, hypertension, inactivity and obesity. These analyses will help determine which health promotion interventions are of greatest potential worth.

IV. FUTURE BEHAVIORAL RISK FACTOR SURVEILLANCE

In January 1989, Utah increased the monthly sample size of its behavioral risk factor survey from 120 to 150 respondents. This will increase the total sample size from 1,427 to approximately 1,800. This will allow the state to estimate risk factor prevalence in specific subpopulations with greater specificity. The increase in sample size will also allow the Utah Department of Health to prepare categorical reports on specific behavioral risk factors. These reports will analyze individual risk factors in greater detail.

APPENDIX A

1987 Utah Behavioral Risk Factor Questionnaire

1987 Behavioral Risk Factor Questionnaire

FIPS STATE CODE	STRATUM CODE	PSU NUMBER	RECORD NUMBER	DATE OF INTERVIEW MM DD YY	ID
4 9					
(1-2)	(3)	(4-8)	(9)	(10-15)	(16-17)

HELLO. I'm _____ calling for the _____.
We're doing a study of the health practices of _____ residents. Your number has been chosen randomly by the _____ to be included in the study, and we'd like to ask some questions about things people do which may affect their health.

Is this Area Code (18-20) Prefix (21-23) Suffix (24-25) ___ ___

No → *Thank you very much, but I seem to have dialed the wrong number. It's possible that your number may be called at a later time.* *STOP*

Is this a private residence?

No → *Thank you very much, but we are only interviewing in private residences.* *STOP*

Calling Period		Date/Time	ID =
1	○ ○ ○ ○	_____	_____
2	○ ○ ○ ○	_____	_____
3	○ ○ ○ ○	_____	_____
4	○ ○ ○ ○	_____	_____
5	○ ○ ○ ○	_____	_____

⊘ Line busy
● No answer

○ Made appointment
○ Refused first time

Spoke with:
Correct respondent is:
Call-back date & time
or Refusal date & time:
Additional information:
My ID# ___ ___

Call Disposition Codes

01 — Completed interview
02 — Refused interview
03 — Non-working number
04 — No answer (multiple times)
05 — Business phone
06 — No eligible respondent at this number
07 — No eligible respondent could be reached during time period
08 — Language barrier prevented completion of interview
09 — Interview terminated within questionnaire
10 — Line busy (multiple tries)
11 — Selected respondent unable to respond because of physical or mental impairment

Final Disposition of Telephone Call: ☐☐ (26-27)

Edited by: _____ Date: ___/___/___

Our study requires that we interview only one person who lives in your household. How many members of your household, including yourself, are 18 years of age or older? ☐ (28) If "1" page 3

How many are men and how many are women? Men ☐ (29) Women ☐ (30)

Who is the oldest man who presently lives in this household?
Who is the next oldest man who presently lives in this household?
Etc.

Who is the oldest woman who presently lives in this household?
Who is the next oldest woman who presently lives in this household?
Etc.

Suffix: ___ ___ ___ ___

Name or Relationship	Last digit of phone number									
	0	1	2	3	4	5	6	7	8	9
1	1	1	1	1	1	1	1	1	1	1
2	2	1	2	1	2	1	2	1	2	1
3	3	1	2	3	1	2	3	1	2	X
4	1	2	3	4	1	2	3	4	X	X
5	2	3	4	5	1	2	3	4	5	1
6	5	6	1	2	3	4	X	X	X	X
7	2	3	4	5	6	7	1	X	X	X
8	8	1	2	3	4	5	6	7	X	X

The person in your household that I need to speak with is _____. If "you" page 3

To correct respondent

Hello. I'm _____ calling for the _____. I'm a member of a special research team. We're doing a study of _____ residents regarding their health practices and day-to-day living habits. You have been randomly chosen to be included in the study from among the adult members of your household.

The interview will take about 10 minutes or perhaps a little less and all the information obtained in this study will be confidential.

Your name will not be used, but your responses will be grouped together with information from others participating in the study.

Of course, your part is voluntary and you can end the interview anytime you like. First, I'd like to begin by asking you about using seat belts.....

SECTION A: SEAT BELTS

1. How often do you use seat belts when you drive or ride in a car?

Would you say: PLEASE READ (31)

a. Always 1

b. Nearly Always 2

c. Sometimes 3

d. Seldom 4

OR

e. Never 5

DO NOT READ THESE RESPONSES

Don't know/Not sure 7

Never drive or ride in a car..... 8

Refused 9

SECTION B: HYPERTENSION

These next questions are about hypertension or high blood pressure:

2. Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?

PROBE FOR DOCTOR, NURSE OR OTHER HEALTH PROFESSIONAL (32)

a. No, GO TO SECTION C (p.5) 1

b. Yes, by a doctor 2

c. Yes, by a nurse 3

d. Yes, by other health professional 4

Don't know/Not sure GO TO SECTION C (p.5).... 7

Refused GO TO SECTION C (p.5) ... 9

3. Have you been told on more than one occasion that your blood pressure was high, or have you been told this only once? (33)

a. More than once 1

b. Only once 2

Don't know/Not sure 7

Refused 9

4. Is any medicine currently prescribed for your high blood pressure? (34)

a. Yes 1

b. No, GO TO Q 6 2

Don't know/Not sure, GO TO Q 6 7

Refused, GO TO Q 6 9

5. Are you currently taking medicine for your high blood pressure? (35)

PROBE FOR "ALL OR MOST OF THE TIME" OR "ONLY OCCASIONALLY" IF NECESSARY. IF ANSWER IS "YES", USE "YES ALL OR MOST OF THE TIME"

a. Yes, all or most of the time 1

b. Yes, only occasionally 2

c. No 3

Don't know/Not sure 7

Refused 9

6. As far as you know, is your blood pressure presently normal--or under control--or is it still high?

PLEASE NOTE: NORMAL OR UNDER CONTROL INCLUDES "RETURNED TO NORMAL" AND "NO LONGER HAVE HIGH BLOOD PRESSURE" (36)

a. Normal 1

b. Under control 2

c. Still high 3

Don't know/Not sure 7

Refused 9

SECTION C: EXERCISE

The next few questions are about exercise, recreation, or physical activities other than your regular job duties.

7. During the past month, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? (37)

a. Yes 1

b. No, GO TO SECTION D (p.8) 2

Don't know/Not sure, GO TO SECTION D (p.8).. 7

Refused, GO TO SECTION D (p.8) 9

8. What type of physical activity or exercise did you spend the most time doing during the past month? (38-39)

a. ACTIVITY ..... __ __

SEE CODING LIST A

Refused, GO TO Q 13 (p.6) 9 9

_____
Activity

ASK QUESTION 9 ONLY IF ANSWER TO QUESTION 8 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS, GO TO QUESTION 10 (p.6).

---

9. How far did you usually walk/run/jog/swim? (40-42)

a. Miles and tenths ..... __ __.__

SEE CODING LIST B IF RESPONSE IS NOT IN MILES AND TENTHS

Don't know/Not sure 7 7.7

Refused 9 9.9

10. How many times per week or per month did you take part in this activity during the past month? (43-45)

a. Times per week ..... 1 __ __

b. Times per month ..... 2 __ __

Don't know/Not sure 7 7 7

Refused 9 9 9

11. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (46-48)

a. Hours & Minutes ..... __:__ __

Don't know/Not sure 7: 7 7

Refused 9: 9 9

12. Was there another physical activity or exercise that you participated in during the last month? (49)

a. Yes 1

b. No, GO TO SECTION D (p.8) 2

Don't know/Not sure, GO TO SECTION D (p.8).. 7

Refused, GO TO SECTION D (p.8) 9

13. What other type of physical activity gave you the next most exercise during the past month? (50-51)

a. Activity ..... __ __

SEE CODING LIST A

Refused, GO TO SECTION D (p.8) 9 9

_____
Activity

ASK QUESTION 14 ONLY IF ANSWER TO QUESTION 13 IS RUNNING, JOGGING, WALKING, OR SWIMMING, ALL OTHERS GO TO QUESTION 15

---

14. How far did you usually walk/run/jog/swim? (52-54)

a. Miles and tenths ..... __ __.__

SEE CODING LIST B
IF RESPONSE IS NOT
IN MILES AND TENTHS

Don't know/Not sure 7 7. 7

Refused..... 9 9. 9

15. How many times per week or per month did you take part in this activity? (55-57)

a. Times per week ..... 1 __ __

b. Times per month ..... 2 __ __

Don't know/Not sure 7 7 7

Refused 9 9 9

16. And when you took part in this activity, for how many minutes or hours did you usually keep at it? (58-60)

a. Hours & Minutes..... __:__ __

Don't know/Not sure 7: 7 7

Refused 9: 9 9

SECTION D: DIET

17. About how much do you weigh without shoes? (61-63)

a. WEIGHT ..... ___ ___ ___ Pounds

Don't know/Not sure 7 7 7

Refused 9 9 9

18. About how tall are you without shoes? (64-66)

a. HEIGHT ..... __/__ __ Ft/Inches

Don't know/Not sure 7 7 7

Refused 9 9 9

19. Are you now trying to lose weight? (67)

a. Yes 1

b. No, GO TO Q 22 (p.9) 2

Refused, GO TO Q 22 (p.9) 9

20. Are you eating fewer calories to lose weight? (68)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

21. Have you increased your physical activity to lose weight? (69)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

22. How often do you usually add salt to your food at the table?

Would you say: PLEASE READ (70)

a. Most of the time 1

b. Sometimes 2

c. Rarely 3

OR

d. Never 4

Don't know/Not sure 7

Refused 9

23. Are you now under the advice of a doctor to reduce your cholesterol or blood fat level? (71)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

SECTION E: TOBACCO USE

Now, I would like to ask you a few questions about tobacco products.

24. Have you smoked at least 100 cigarettes in your entire life? (72)

100 CIGARETTES = 5 PACKS

a. Yes 1

b. No, GO TO Q 29 (p.11) 2

Don't know/Not sure, GO TO Q 29 (p.11) 7

Refused, GO TO Q 29 (p.11) 9

25. Do you smoke cigarettes now? (73)

a. Yes 1

b. No, GO TO Q 28 (p.11) 2

Refused, GO TO Q 29 (p.11) 9

26. On the average, about how many cigarettes a day do you now smoke? (74-75)

1 PACK = 20 CIGARETTES

a. Number of cigarettes ..... __ __

b. Don't smoke regularly 8 8

Refused 9 9

27. Have you stopped smoking for a week or more sometime during the past year? (76)

a. Yes, GO TO Q 29 (p.11) 1

b. No, GO TO Q 29 (p.11) 2

Refused, GO TO Q 29 (p.11) 9

28. About how long has it been since you last smoked cigarettes fairly regularly? (77)

PLEASE READ

Was it:

a. Within the past year .....(0 TO 12 MONTHS AGO) 1

b. Within the past two years ...(13 TO 24 MONTHS AGO) 2

c. Within the past five years ..(25 TO 60 MONTHS AGO) 3

OR

d. More than five years ago .....(61+ MONTHS AGO) 4

Don't know/Not sure 7

Never 8

Refused 9

29. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? (78)

PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH

a. Yes, chewing tobacco 1

b. Yes, snuff 2

c. Yes, both 3

d. No, neither, GO TO SECTION F (p.12) 4

Don't know/Not sure, GO TO SECTION F (p.12). 7

Refused, GO TO SECTION F (p.12) 9

30. Do you currently use any smokeless tobacco products such as chewing tobacco or snuff? (79)

PROBE FOR CHEWING TOBACCO, SNUFF, OR BOTH

"Yes" INCLUDES OCCASIONAL USE

a. Yes, chewing tobacco 1

b. Yes, snuff 2

c. Yes, both 3

d. No, neither 4

Don't know/Not sure 7

Refused 9

SECTION F: ALCOHOL CONSUMPTION

These next few questions are about the use of beer, wine, or liquor--all kinds of alcoholic beverages that people drink at meals, special occasions, or when just relaxing.

31. Have you had any beer, wine or liquor during the past month, that is, since _____? (80)

a. Yes 1

b. No, GO TO SECTION G (p.15) 2

Refused, GO TO SECTION G (p.15) 9

32. During the past month, how many days per week or per month did you drink any beer? (81-83)

a. Days per week ..... 1 __ __

b. Days per month ..... 2 __ __

c. Never or none, GO TO Q 34 (p.13) 8 8 8

Don't know/Not sure, GO TO Q 34 (p.13). 7 7 7

Refused, GO TO Q 34 (p.13) 9 9 9

33. On the days when you drank beer, about how many beers did you drink on the average? (84-85)

a. Number of beers ..... __ __

Don't know/Not sure 7 7

Refused 9 9

34. Also, during the past month, how many days per week or per month did you drink any wine? (86-88)

a. Days per week ..... 1 __ __

b. Days per month ..... 2 __ __

c. Never or none, GO TO Q 36 ..... 8 8 8

Don't know/Not sure, GO TO Q 36 ..... 7 7 7

Refused, GO TO Q 36 ..... 9 9 9

35. On the days when you drank wine, about how many glasses of wine did you drink on the average? (89-90)

a. Number of glasses of wine ..... __ __

Don't know/Not sure 7 7

Refused 9 9

36. And, during the past month, about how many days per week or per month did you have any liquor to drink, such as vodka, gin, rum, or whiskey? (91-93)

a. Days per week ..... 1 __ __

b. Days per month ..... 2 __ __

c. Never or none, GO TO Q 38 (p.14) 8 8 8

Don't know/Not sure, GO TO Q 38 (p.14). 7 7 7

Refused, GO TO Q 38 (p.14) 9 9 9

37. On the days when you drank any liquor, about how many drinks did you have on the average? (94-95)

a. Number of drinks ..... __ __

Don't know/Not sure 7 7

Refused 9 9

38. Considering all types of alcoholic beverages, that is beer, wine, and liquor, as drinks, how many times during the past month did you have 5 or more drinks on an occasion? (96-97)

a.	Number of times	__ __
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

39. And during the past month, how many times have you driven when you've had <u>perhaps</u> too much to drink? (98-99)

a.	Number of times	__ __
b.	None	8 8
	Don't know/Not sure	7 7
	Refused	9 9

SECTION G: PREVENTIVE HEALTH PRACTICES

Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick.

40. About how long has it been since you last visited a doctor for a routine checkup?

PLEASE READ (100)

Was it:

a. Within the past year .....(0 TO 12 MONTHS AGO) 1

b. Within the past two years ...(13 TO 24 MONTHS AGO) 2

c. Within the past five years ..(25 TO 60 MONTHS AGO) 3

OR

d. More than five years ago .....(61+ MONTHS AGO) 4

Don't know/Not sure 7

Never 8

Refused 9

These next questions are about blood cholesterol, which is a fatty substance found in the blood.

41. Have you ever had your blood cholesterol checked? (101)

a. Yes 1

b. No, GO TO Q 46 (p.16) 2

Don't know/Not sure, GO TO Q 46 (p.16) 7

Refused, GO TO Q 46 (p.16) 9

42. About how long has it been since you last had your blood cholesterol checked?

PLEASE READ (102)

Was it:

a. Within the past year .....(0 TO 12 MONTHS AGO) 1

b. Within the past two years ..(13 TO 24 MONTHS AGO) 2

c. Within the past five years .(25 TO 60 MONTHS AGO) 3

OR

d. More than five years ago .....(61+ MONTHS AGO) 4

Don't know/Not sure 7

Refused 9

43. Have you ever been told your blood cholesterol level, in numbers? (103)

a. Yes 1

b. No, GO TO Q 45 2

Don't know/Not sure, GO TO Q 45 7

Refused, GO TO Q 45 9

44. What is your blood cholesterol level? (104-106)

a. RECORD THE NUMBER ..... ___

b. Don't know/Not sure 7 7 7

Refused 9 9 9

45. Have you ever been told by a doctor or other health professional that your blood cholesterol is high? (107)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

46. Next, I would like to ask you about influenza vaccination, commonly called a flu shot. Have you had a flu shot in the last 12 months? (108)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

47. INTERVIEWER: INDICATE SEX OF RESPONDENT ASK IF NECESSARY (109)

a. Male, GO TO SECTION H (p.18) 1

b. Female 2

These next questions are about mammograms, which are x-ray tests of the breast to look for cancer.

48. Have you ever heard of a mammogram? (110)

a. Yes 1

b. No, GO TO SECTION H (p.18) 2

Don't know/Not sure, GO TO SECTION H (p.18). 7

Refused, GO TO SECTION H (p.18) 9

49. Have you ever had a mammogram? (111)

a. Yes 1

b. No GO TO SECTION H (p.18) 2

Don't know/Not sure, GO TO SECTION H (p.18). 7

Refused GO TO SECTION H (p.18) 9

50. About how long has it been since you had your last mammogram?

PLEASE READ (112)

Was it:

a. Within the past year .....(0 TO 12 MONTHS AGO) 1

b. Within the past two years ...(13 TO 24 MONTHS AGO) 2

c. Within the past five years ..(25 TO 60 MONTHS AGO) 3

OR

d. More than five years ago .....(61+ MONTHS AGO) 4

Don't know/Not sure 7

Refused 9

51. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer? (113)

a. Routine checkup 1

b. Breast problem 2

c. Had breast cancer 3

Don't know/Not sure 7

Refused 9

SECTION H: DEMOGRAPHICS

And finally, these next few questions ask for a little more information about yourself.

52. How old were you on your last birthday? (114-115)

a. CODE AGE IN YEARS ..... ___ ___

Don't know/Not sure 0 7

Refused 0 9

53. What is your race?

Would you say (116)

PLEASE READ

a. White 1

b. Black 2

c. Asian, Pacific Islander 3

d. Aleutian, Eskimo, or American Indian 4

e. Other specify _____ 5

Don't know/Not sure 7

Refused 9

54. Are you of Hispanic origin such as Mexican American, Latin American, Puerto Rican, or Cuban? (117)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

55. What is the highest grade or year of school you completed? (118)

READ ONLY IF NECESSARY

a. Eighth Grade or Less 1
b. Some High School 2
c. High School Grad or GED Certificate 3
d. Some Technical School 4
e. Technical School Graduate 5
f. Some College 6
g. College Graduate 7
h. Post Grad or Professional Degree 8
Refused 9

56. Are you currently: PLEASE READ (119)

a. Employed for wages 1
b. Self employed 2
c. Out of work for more than 1 year 3
d. Out of work for less than 1 year 4
e. Homemaker 5
f. Student 6
OR
g. Retired 7
Refused 9

57. And are you: PLEASE READ (120)

a. Married 1

b. Divorced 2

c. Widowed 3

d. Separated 4

e. Never been married 5

OR

f. A member of an unmarried couple 6

Refused 9

58. Which of the following categories best describes your annual household income from all sources? PLEASE READ (121)

a. Less than 10,000 1

b. 10 to 15,000 2

c. 15 to 20,000 3

e. 20 to 25,000 4

e. 25 to 35,000 5

f. 35 to 50,000 6

OR

g. Over 50,000 8

Don't know/Not sure 7

Refused 9

INTERVIEWER: ASK THIS QUESTION ONLY OF FEMALES BETWEEN 18 AND 45 YEARS OF AGE, OTHERWISE GO TO QUESTION 60.

59. To your knowledge, are you now pregnant? (122)

a. Yes 1

b. No 2

Don't know/Not sure 7

Refused 9

60. How many telephone numbers will reach this household, including the number I used today?

DIFFERENTIATE BETWEEN TELEPHONE NUMBERS AND TELEPHONE SETS IF NECESSARY. INCLUDE ALL TELEPHONE NUMBERS THAT CAN REACH HOUSEHOLD (123)

a. Total Telephone Numbers ..... ___

CLOSING STATEMENT

That's my last question. Let me emphasize that your answers cannot be identified with your name. Everyone's answers will be combined to give us information about the health practices of people in this state. Thank you very much for your time and cooperation.

APPENDIX B

Summary of Respondents at Risk for Specific Risk Factor by Demographic Variables

	Non Seatbelt	Hyper-tension	Sedentary Lifestyle	Obesity	Smoking	Smokeless Tobacco	Chronic Alcohol	Acute Alcohol	Drinking & Driving
GENDER									
Male	43.6	11.4	51.2	20.2	17.0	4.9	7.1	17.0	3.0
Female	35.0	16.9	48.7	19.3	13.2	0.0	1.7	5.3	1.3
AGE									
18-24	49.4	1.8	47.8	2.8	14.6	4.7	7.9	20.1	4.8
25-34	35.0	5.7	51.7	15.2	15.6	3.1	5.2	12.4	2.1
35-44	39.0	11.2	56.7	25.0	22.4	1.1	3.2	10.6	1.5
45-54	38.8	18.5	48.5	34.6	17.6	1.1	0.3	5.4	0.0
55-64	40.0	30.3	41.0	30.7	10.5	0.7	1.2	4.5	1.7
65+	28.0	42.4	51.0	30.6	6.5	1.1	3.6	2.3	0.5
ETHNICITY									
White	39.0	14.2	48.9	20.1	15.0	2.5	4.0	10.9	2.0
Black	23.2	55.7	59.6	12.3	7.4	0.0	0.0	0.0	0.0
Hispanic	40.9	11.1	67.4	17.4	11.2	2.6	9.8	13.2	7.1
Other	57.9	4.7	75.1	0.0	32.5	0.0	16.9	16.9	0.0
INCOME									
Under 10,000	40.5	15.9	52.3	15.9	14.0	4.4	3.5	6.0	0.3
10,000-14,999	40.1	19.8	54.2	22.1	19.8	2.4	7.0	16.7	4.0
15,000-19,999	42.7	13.6	53.1	17.7	15.8	1.4	3.6	15.7	3.5
20,000-24,999	46.6	15.5	52.7	19.6	15.4	3.7	7.7	14.7	2.2
25,000-34,999	30.7	9.1	50.0	24.0	12.5	2.1	3.0	9.4	0.9
35,000-49,999	41.9	13.3	46.9	17.9	12.7	1.7	2.1	7.1	1.0
Over 50,000	45.3	14.6	34.4	22.4	16.1	2.6	6.4	12.3	5.4
Unknown/Refused	27.2	15.0	55.4	14.4	16.1	0.5	1.3	6.1	0.5
EDUCATION									
< 9th Grade	50.2	18.3	62.6	14.9	39.6	1.4	11.5	19.5	0.0
Some High School	49.7	17.8	71.5	21.1	40.4	7.6	4.4	17.7	0.9
High School Grad.	47.4	16.0	52.7	19.7	17.6	2.4	5.2	12.9	4.3
Some Tech School	38.8	15.9	55.8	21.2	20.7	9.1	11.7	9.6	0.0
Tech School Grad.	38.5	6.4	65.9	19.1	27.4	7.8	0.0	10.6	5.2
Some College	36.8	11.8	45.0	18.6	9.9	1.9	3.9	9.8	0.7
College Grad.	23.4	12.8	41.1	20.8	7.1	0.5	2.9	7.1	1.5
Post Graduate	29.7	16.7	42.7	22.4	4.6	0.0	1.1	7.5	0.9
Unknown/Refused	30.1	12.3	100.0	12.3	0.0	0.0	0.0	0.0	0.0
MARITAL STATUS									
Married	36.6	14.8	51.3	23.6	13.5	2.0	2.6	7.7	1.1
Divorced	46.7	16.0	46.7	17.1	36.8	1.2	10.0	20.0	3.0
Widowed	24.0	40.8	53.7	22.6	6.6	0.6	0.0	0.7	0.0
Separated	54.8	25.2	47.7	6.4	48.8	0.0	18.5	37.1	0.0
Never Married	48.6	3.9	43.9	5.6	12.1	5.3	9.1	21.4	6.2
Unmarried Couple	73.3	0.0	76.1	9.0	67.1	0.0	14.7	43.4	14.7
EMPLOYMENT STATUS									
Employed	41.6	9.9	53.6	18.2	16.1	3.3	5.2	13.2	3.1
Self-Employed	44.6	8.2	48.8	18.7	21.0	4.3	5.3	22.2	0.4
Out of Work>1 yr.	54.3	5.8	35.9	11.6	25.2	0.0	0.0	0.0	12.8
Out of Work<1 yr.	42.1	9.6	45.0	8.6	18.9	3.0	6.5	22.0	0.9
Homemaker	30.9	15.5	48.2	24.5	14.0	0.0	1.0	1.8	0.8
Student	48.5	1.1	31.7	4.6	6.3	0.0	1.4	8.8	1.9
Retired	31.6	40.1	46.9	31.2	9.4	1.0	3.8	2.8	0.4
Unknown/Refused	0.0	28.9	28.9	28.9	70.0	0.0	0.0	0.0	0.0

(The data in this appendix pertain to survey respondents only and do not necessarily represent the actual Utah adult population.)